AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

| (check applicable box) FEDERAL CANDIDATE | | | ☑ STAT | STATE/LOCAL CANDIDATE | | | |
|---|---|---------|--------|-----------------------|--------------------|--|--|
| To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3 | | | | | | | |
| Station and Location: KDKA TV PITTSBURGH | | | | | | | |
| I, Lisa Cabane | | | | | • | | |
| being/on behalf of: Kathleen Kane , a legally | | | | | | | |
| party for the offi | ate of the Democrate of: Attorney Control Election Eld on: November | General | | | political | | |
| do hereby request station time as follows: | | | | | | | |
| Broadcast Length | Time of Day, Rotation or Package | Days | Class | Times per Week | Number of Weeks | | |
| | *5, | = | | | | | |
| Total Charges: SEE COMPACTS | | | | | | | |

| For programming that, in who national importance," list the n | le or in part, "communicates a message relating natters below: | to any political matter of | | | | |
|---|--|--|--|--|--|--|
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| | | ** | | | | |
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| | ## P | | | | | |
| | | | | | | |
| l represent that the payment fo | or the above described broadcast time has been | furnished by: | | | | |
| Committee to Elect Kathleen | 1 Kane for Attorney General | | | | | |
| and you are authorized to annot I represent that this person or excommittee/organization of the I | unce the time as paid for by such person or enting it is either a legally qualified candidate or an legally qualified candidate. | ty. authorized | | | | |
| The name of the treasurer of the | e candidate's authorized committee is: | | | | | |
| Tom Ostrowski | | | | | | |
| This station has disclosed to me and discount, promotional and d | e its political advertising policies, including: apother sales practices (not applicable to federal c | plicable classes and rates; andidates). | | | | |
| | T DISCRIMINATE OR PERMIT DISCRIMIN IN THE PLACEMENT OF ADVERTISING. | NATION ON THE BASIS | | | | |
| To Be Signed B | Sy Candidate or Authorized Co | ommittee | | | | |
| | | | | | | |
| To Be Signed By Station Representative | | | | | | |
| Accepted | Accepted in Part | Rejected | | | | |
| Signature | Printed Name | Title | | | | |

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